

**NOTIFICATION OF ASBESTOS ABATEMENT**  
(Pursuant to N.J.A.C. 8:60 and 12:120)

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Date of Notification (1) <b>7/13/16</b>		Name of Building Owner / Operator (2) <b>Verizon</b>	
Agencies Notified <input checked="" type="checkbox"/> EPA <input type="checkbox"/> DEP <input checked="" type="checkbox"/> DOL <input checked="" type="checkbox"/> DOH <input type="checkbox"/> DCA	Type Notification <input checked="" type="checkbox"/> Initial <input checked="" type="checkbox"/> Amended <b>#1-8/19/16</b> <input type="checkbox"/> Emergency <input type="checkbox"/> Cancellation	Street Address <b>95 William Street</b> City, State & Zip Code <b>Newark, NJ</b> Name of Contact <b>Alex Baylor</b>	
		Telephone Number	

  

FACILITY INFORMATION			
Name of Facility Where Abatement is Taking Place (3) <b>Market Central Office</b>		Type of Facility (4) <input type="checkbox"/> School (K-12) <input type="checkbox"/> Subchapter 8 (Other than K-12) <input checked="" type="checkbox"/> Other (i.e. private & commercial buildings, homes, etc.)	
Street Address <b>95 William Street</b>		Square Feet <b>425000</b>	# of Floors <b>12</b>
City (5) <b>Newark</b>	County (6) <b>Essex</b>	Bldg. Age <b>70+/-</b>	
County Code (7)		Current Use (Prior if being demolished) <b>Communications</b>	
Name of Monitoring Firm Hired by Building Owner (8) <b>USA Environmental Inc.</b>		ASCM No.	
Street Address <b>8436 Enterprise Avenue</b>		Name of Abatement Contractor (9) <b>BRISTOL ENVIRONMENTAL INC</b>	
City, State & Zip Code <b>Philadelphia Pa 19153</b>		Street Address <b>1123 BEAVER STREET</b>	
Project Manager for Monitoring Firm <b>Mark Jenkins</b>		City, State & Zip Code <b>BRISTOL, PA 19007</b>	
Telephone Number <b>215-365-5810</b>		Telephone Number <b>215-788-6040</b>	License Number <b>00509</b>
Scheduled Start Date (10) <b>7/27/16</b>	Scheduled Completion Date (11) <b>8/31/16</b>	Name of OSHA Monitor <b>BRISTOL ENVIRONMENTAL INC</b>	
Occupancy Status During Abatement (Check only one) <input type="checkbox"/> Facility Closed/Vacated During Entire Period of Abatement <input checked="" type="checkbox"/> Abatement Performed Outside of Normal Hours – 7am to 3pm Describe: <b>5 pm – 1:30 am</b> <input type="checkbox"/> Facility Occupied During Abatement		Street Address <b>1123 BEAVER STREET</b>	
		City, State & Zip Code <b>BRISTOL, PA 19007</b>	

  

Scope of Work (Check all that apply)

<input type="checkbox"/> ≥3 sf or ≥3 lf	<input checked="" type="checkbox"/> Renovation	<input checked="" type="checkbox"/> Full Containment with Negative Pressure
<input checked="" type="checkbox"/> ≥160 sf ≥260 lf	<input type="checkbox"/> Demolition	<input checked="" type="checkbox"/> Mini-Enclosure
		<input checked="" type="checkbox"/> Glove Bag Procedures
		<input type="checkbox"/> Non-Exempted and Non-Friable Procedure

  

Location of Asbestos-Containing Material (ACM) <u>TO BE ABATED</u> in Facility (13)	Is Location Normally Used Solely by Maintenance or Custodial Staff? (12)			Description of Asbestos-Containing Material (ACM) (i.e., thermal systems insulation, surfacing, VAT or other miscellaneous)	Amount (Specify SF or LF)	Abatement Type			
	Yes	No	N/A			Removal	Repair	Encapsulate	Enclose
<b>1st Floor Generator Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Transite Panels</b>	<b>2800 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Floor Generator Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe Insulation</b>	<b>275 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Floor Generator Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Transite Bus Duct</b>	<b>150 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st FL Hallway Adjacent to Generator</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vat/Mastic</b>	<b>200 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st FI Corridor adjacent to generator rm</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>165 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>1st Floor switch board room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vat/mastic</b>	<b>135 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

  

Name of Registered Waste Hauler <b>SERVICE TRANSPORT GROUP, INC.</b>		NJDEP Waste Hauler ID No. <b>20990</b>	Cubic Yards of Waste <b>75</b>	Name of Registered Landfill <b>MINERVA LANDFILL</b>	
City, State <b>NEW CASTLE, DE 19720</b>		Disposal Date <b>TBD</b>		City, State <b>WAYNESBURG, OH 44688</b>	
Completed By (Print or Type) <b>Patrick T. DeCaro</b>		Title <b>PROJ. MGR.</b>	Signature <i>Patrick T. DeCaro</i>		Date <b>7/13/16</b>

PD16094

\*\*\*\* NOTE: OFF SITE FRIDAY 8/19/16



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		<b>Alex Baylor</b>	

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	Yes	No	N/A			Removal	Repair	Encapsulate	Enclosure
<b>Mezzanine</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe fittings</b>	<b>18SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement Hall outside refrigeration rm</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>80 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement Hall near stair F, Store Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rubbish Store Room, Cable Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Pipe insulation</b>	<b>700 LF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement Hall near stair F, Store Room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Transite Bus Duct</b>	<b>240 SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Rubbish Store Room, Cable Room</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Basement- electric switchboard room</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Vat/mastic</b>	<b>400SF</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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